SUPPLEMENT TO THE

BRITISH MEDICAL JOURNAL

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Correspondence

Representative Meetings

SIR,—Dr. H. G. Dowler's letter (*Supplement*, July 26, p. 106) raises important issues and will be of particular interest to the many representatives who, like the writer of this letter, were unfortunately unable to remain over the week-end in Birmingham to take part in the proceedings of the Representative Body on the Monday, and so missed the opportunity of intervening in the A.I.D. debate.

There is little doubt that the Agenda Committee should have so placed this important and contentious motion as to assure consideration and discussion by a fully attended meeting. If indeed this had occurred, is it Dr. Dowler's contention that it is either reasonable or logical to suppose that the R.B.—so easily aroused emotionally—is a suitable gathering to discuss positively, objectively, and authoritatively a subject such as A.I.D., which is recognized on all sides to be bristling with difficulties—moral, social, legal, psychological, and medical? Is this a subject, then, upon which the B.M.A. could reasonably be asked or expected to give a lead to the public through its representatives at the R.B.? At how many divisional meetings had A.I.D. been discussed and how many representatives to the R.B. had been briefed by their Divisions?

Let it not be assumed, however, that Dr. Dowler has not done the Association a good service in bringing forward his motion, although, if it had been put to the meeting, might it not have revealed a fundamental division of opinion involving many members—some of whom might, under certain circumstances, have felt bound in conscience to resign from the Association, however disturbing such an action would have been to the individuals concerned? Let not the dangers inherent in Dr. Wand's compromise motion be overlooked. We do not wish to see repeated Council's near disastrous action in regard to evidence it proposed to give before the Royal Commission on Marriage and Divorce.

It should be made abundantly clear from the outset to those who may seek medical evidence from Council on A.I.D. that any evidence given will be evidence and opinion of individual members of the Association and not of the Association as a whole.—I am, etc.,

Tunbridge Wells. R. PROSPER LISTON.

SIR,—Whether it be called "dragooning" or by any more charitable name, it is obvious from your accounts that at the A.R.M. extreme pressure was brought to bear on our representatives to come to a firm decision on at least two highly controversial subjects. To their credit, the meeting refused to be stampeded into a hasty division for or against A.I.D., but I observe reluctantly that G.P. merit awards can now doubtless be presented as "Association policy" to suit sectional interests. One could charitably presume both motions were put merely to test out general feeling: one suspects other motives when they are pressed in a hotly divided house.

Surely, Sir, the sponsors of such motions realize theirs can only be a Pyrrhic victory. Our weakness in past negotiations with the Government has been the pretence that a narrow, or coerced, majority division of A.R.M. reflects the opinion of the profession as a whole. It is courting further disaster and ridicule should our future negotiators pretend other than that a deep division of opinion exists on both these issues. Could not the chairman insist on some indication of dissent being written into such contentious motions if a vote is forced?—I am, etc.,

Manchester. GILBERT R. BRACKENRIDGE.

Lessons from the Past

SIR,—Lord Moran (*Supplement*, July 5, p. 3) has stated that the general practitioner's complaints about the N.H.S. are not altogether concerned with questions of payment but are based more on other grounds. As one of these grounds, he lists a loss of *amour propre* due to the alleged preference of patients for hospital treatment during illness. I do not know on what information Lord Moran bases the conclusion that general practitioners are more concerned with matters other than payment, but I think few will agree with him. If he is right, what were all the meetings and all the letters to the papers about a short time ago when there was a threatened withdrawal from the N.H.S.? Surely payment was then, as now, the main cause of complaint. Other reasons for complaint there are in plenty, but they pale into insignificance beside the financial one. Indeed, during the recent skirmish they were not seriously considered.

As to the loss of *amour propre*, the general practitioner is delighted that the N.H.S. allows all patients that require it the opportunity of round-the-clock nursing and medical attention in hospital. Indeed, far from sustaining a loss of self-esteem on this account, as Lord Moran suggests, the general practitioner would seem to be so pleased that he is sometimes accused of sending trivial and unnecessary cases into hospital.

Another point made by Lord Moran with which most general practitioners would quarrel is that they are hurt because the N.H.S. does not allow them to indulge in a little "specializing." Is there any evidence of this? Is it not true that the bulk of general practitioners did no specializing and no hospital work before the appointed day, and have no particular desire to do it now? Of course, many young doctors at the outset of their careers would prefer to continue to do specialized work in hospitals, and indeed to become consultants, because the latter are obviously so much better off; but, once these young doctors become conditioned to general practice and get rid of the hospital idea that general practitioners are largely half-wits, most of them

lose their desire for hospital work. I raise these points because I feel that any hint with Lord Moran's authority behind it to the effect that general practitioners are more concerned about matters other than payment may have a damaging effect on their case before the Royal Commission, an effect probably not intended by Lord Moran, but damaging none the less.

On another subject, many general practitioners will regret that the R.B.—or a thin sprinkling of it—has decided to put up a scheme to the Royal Commission for "merit" awards for general practitioners. Apart from the numerous and obvious objections already raised, there are two points that have not been made, so far as I know. One is that the R.B. may, in furthering a case for merit awards, lay itself open to accusation of self-interest in this matter, for it is obvious that most of its members would be deserving candidates in any such scheme. The second point is that any system based on the approval of an awards committee will establish a new system of patronage and privilege in the general medical side of the profession. At present the doctor in general practice can criticize the regional hospital boards, the Central Consultants and Specialists Committee, the G.M.S. Committee, and any other body without fear or favour. But a special awards committee—that would be different; criticism of that could hit where it really hurts and could involve the risk of harmful financial consequences. Further, the members of such a committee would presumably be drawn from some of the eminent bodies I have mentioned, and so comment on the activities of any of these bodies would tend to be given with an ear cocked to the reaction of any member who might be now or in the future on the awards committee. The end result would be that we should all be yes-men, or at least be effectively muzzled, and only those with no hope to rise nor fear to fall would dare to express unpalatable opinions. Inroads on the freedom of the individual citizen are frequent in the modern State, and this is one the profession should resist, unless of course it is ready to help in forging more chains for itself.—I am, etc.,

Bath. W. B. S. CRAWFORD.

Hospital Practice

SIR,—I have recently been an in-patient in hospital. Following two weeks' out-patient investigation, I was an in-patient for six weeks, during which time I underwent a relatively minor abdominal operation, followed by five weeks of radiotherapy. During this time the following 62 persons were directly involved in caring for me, and most of them in fact touched or examined me or part of me: 12 doctors (6 of whom were consultants), 29 nurses, 7 *x*-ray technicians, 7 pathological laboratory technicians, and 7 ancillary staff, such as the hospital barber, theatre porters, ward orderlies, and others. There were many others unknown, but vitally important, such as the autoclave operators, maintenance staff, laundry staff, kitchen staff, and others, whom I never saw and so have not counted. I wish to emphasize that my treatment was not out of the ordinary, and the number of persons concerned was not particularly increased because I am a doctor. I wish to record my gratitude to them all.—I am, etc.,

GENERAL PRACTITIONER.

Royal Commission

SIR,—A patient of mine, who is a radio engineer, received a letter approximately one year ago asking him to give evidence for the Royal Commission and enclosing a long and detailed form for him to fill in. This required a number of details of his income, and, not without some trouble, he obtained them and returned the form promptly. He received no acknowledgment. Six months later he received a duplicate form and again filled it in and returned it, only to receive yet a further form two months later, exactly the same as the other two. This time he complied but enclosed a stiff letter saying that he had already filled in the form twice before and doubted whether he would regard it as his duty to do so if a fourth one arrived. To his astonishment, he has just received a letter asking him why he had not filled in the previous forms. This sounds rather like one of Parkinson's laws in reverse.

I suppose some of us believed when we were told that this Royal Commission, unlike others, was going to work speedily. This sort of bureaucratic muddle makes it look as though the wait will be indefinite, as no doubt the Government intended.—I am, etc.,

Bletchingley, Surrey. DOUGLAS A. WHITE.

Plight of the Senior Registrar

SIR,—Lord Moran refers (*Supplement*, July 5, p. 3) to the plight of the surgical registrar as a temporary situation created as the result of the war and notes the contentedness of the consultants with their present situation. It seems that the consultants are, indeed, in a strong position. They can call on the services and help of many able young surgeons who are well trained and capable of doing their work for them at any time and standing in for them when they wish to go on leave, but who are barred from competing with them in specialist practice by the National Health Service. In my opinion, these young men have as much right to a share in the consultant and specialist practice of medicine in England when they have been properly trained as any other members who may now be consultants.

It is not correct to intimate that the wide distribution of specialists, the upgrading of certain hospitals, and the general improvement in medical care are innovations of the National Health Service alone and would not have occurred without the bureaucratic control of medicine and the doctor, after twenty years of progress in other fields. Responsibility for the plight of the senior registrar can certainly not be brushed aside by the present leaders of the medical profession as a temporary post-war situation.—I am, etc.,

Charlottesville, Va., U.S.A. E. D. VERE NICOLL.

Free Treatment for Foreign Visitors

SIR,—As usual at this time of the year I am struck by the number of visitors from abroad who are coming over here to obtain free (non-urgent) operations, confinements, eye-tests, and other benefits "on the house." Recently a patient from abroad, whose doctors at home have long been anxious to perform a partial thyroidectomy (at a private fee), has succeeded in arranging for this over here at an astonishingly short interval of two or three weeks. It is a common experience that patients who are unwise enough to have been born in this country often have to wait months for non-urgent surgery, although they have paid contributions for years towards these benefits.

Does it not strike one as absurd that, in view of such extravagances, we are constantly being pressed to exercise the utmost care and even parsimony in prescribing for our British patients? I have heard that this lavish "free for all" policy is intended to advertise the beauty of our welfare scheme to the world. To me, it rather tends to advertise the fact that, as a nation, we are rapidly becoming soft in the head.—I am, etc.,

London, E.2. D. E. PEAKE.

New Drugs

SIR,—I refer to the recent report on the prescribing costs of the National Health Service (*Supplement*, June 28, p. 382).

As a practitioner I made such a determined effort to spend money only on new drugs that were proved to be effective that I sometimes found I missed new drugs which were more effective than the old. In Edinburgh we solved this problem by inviting a consultant to give an annual lecture on new drugs of value.

I recently had a patient who had an expensive course of treatment which proved useless in his condition, and he complained bitterly of the suffering which he endured from

the side-effects. I understand from the consultant that the drug at that time was being widely used all over the country where this condition was treated, but he admitted that opinions of its value varied enormously. In fact it was being used before controlled tests had been carried out. Now, apart from suffering and the delayed diagnosis of serious side-effects, this waste of public money is enormous.

Doctors all over the country would, one feels sure, agree that some better system must be devised, and they would be delighted to have official guidance as to the efficiency of new drugs. Would legislation be possible to prohibit the marketing of new drugs until the Medical Research Council considered their superiority over cheaper drugs was assured, and the official release could be accompanied by the kind of note on new drugs that you have been so helpfully publishing ?—I am, etc.,

Glasgow, S.4. MAX PARK.

POINTS FROM LETTERS

Poliomyelitis Vaccination

Dr. C. R. NUNAN (Wallington, Surrey) writes: Another stage in the poliomyelitis vaccination campaign is soon to begin, and we, the general practitioners, are about to be tricked once more into accepting a situation of actually being worse off financially for doing more work—the central pool is depleted by exactly that amount of money, and that money is not credited to us for superannuation purposes. What other organization would allow its members to be treated in this buccaneer fashion, and what, indeed, are those whom we call our leaders doing about it ? A principle is at stake here, and so is justice. Steps should be taken now to make good the wrong already done to us in this matter, as well as to safeguard our interests for the future. There is a lot to be said for "more work, more pay," but surely "more work, less pay" is the height of absurdity.

H.M. Forces

Surgeon Captain C. B. Nicholson, R.N., has been appointed an Honorary Surgeon to the Queen, in succession to Surgeon Rear-Admiral E. T. S. Rudd, C.B., C.B.E.

Colonel G. M. Warrack, D.S.O., O.B.E., T.D., late R.A.M.C., T.A., has been appointed an Honorary Physician to the Queen.

Colonel A. G. Fleming, O.B.E., T.D., late R.A.M.C., T.A., has relinquished the appointment of Honorary Physician to the Queen, on transfer to the Reserve of Officers, T.A.

A *Supplement* to the *London Gazette* has announced the following awards:

Third Clasp to the Territorial Efficiency Decoration.—Lieutenant-Colonel R. S. Taylor, O.B.E., T.D., and Major J. M. Lees, T.D., R.A.M.C.

TERRITORIAL ARMY RESERVE OF OFFICERS: ROYAL ARMY MEDICAL CORPS

Colonel O. G. Prosser, M.C., T.D., from Active List, to be Colonel.

Lieutenant-Colonel W. K. McCollum, T.D., from Active List, to be Lieutenant-Colonel.

Major (Honorary Lieutenant-Colonel) I. G. Hardinge, having attained the age limit of liability to recall, has ceased to belong to the T.A.R.O., retaining the honorary rank of Lieutenant-Colonel.

Major W. J. Atkinson, T.D., from Active List, to be Major.

HER MAJESTY'S OVERSEAS CIVIL SERVICE

The following appointments have been announced: V. T. B. Doyle, M.D., M.R.C.P., Specialist, Curative Services Division, Northern Nigeria; A. P. Economides, Dip.Med. (Athens), District Medical Officer, Cyprus; H. P. S. Gillette, M.B., Ch.B., D.P.H., Medical Adviser to the Federation of the West Indies; M. F. McDowall, M.D., D.T.M.&H., D.C.H., Medical Officer, Grade "A" (Paediatrician), Trinidad; T. W. Benson, M.B., B.S., and N. E. L. Margetson, M.B., Ch.B., D.O., Medical Officers, Jamaica; F. E. P. Bernard, M.B., Ch.B., Medical Officer, Northern Nigeria; H. N. Davies, M.B., Ch.B., D.T.M., Medical Officer, Somaliland; J. R. Hamerton, M.B., B.S., F.F.A. R.C.S., Specialist Anaesthetist, Uganda; B. A. Southgate, M.B., B.S., Medical Officer, Kenya; M. J. Templer, M.R.C.S., L.R.C.P., Resident Medical Officer (Intern), Kenya; D. M. M. Thomson, M.B., Ch.B., and M. J. C. Thomson, L.M.S.S.A., Medical Officers, Uganda.

Association Notices

Diary of Central Meetings

SEPTEMBER

4	Thurs.	Hospital Junior Staffs Group Executive Committee, 2 p.m.
12	Fri.	Central Consultants and Specialists Executive, 2 p.m.
18	Thurs.	G.M.S. Committee, 10.30 a.m.
18	Thurs.	Medical Members of the Editorial Subcommittee, Joint Formulary Committee, 11 a.m.

Meetings of Branches and Divisions

ARMAGH DIVISION

The annual meeting was held in Portadown on May 27. The following officers were appointed:

Chairman.—Dr. F. E. Henderson.
Vice-chairman.—Dr. W. Bingham.
Honorary Secretary and Treasurer.—Dr. R. E. Hadden.

AYRSHIRE DIVISION

The following officers have been elected:

Chairman.—Dr. H. Paterson.
Vice-chairman.—Dr. W. L. Munro.
Secretary and Treasurer.—Dr. B. R. Nisbet.

BOLTON DIVISION

The following officers have been elected:

Chairman.—Dr. I. Affleck.
Vice-chairman.—Dr. B. Thornley.
Secretary and Treasurer.—Dr. M. S. Rowley.
Deputy Secretary and Treasurer.—Dr. B. Hendy.

BOURNEMOUTH DIVISION

The following officers were appointed at the annual meeting on May 30:

Chairman.—Dr. E. G. R. Grant.
Vice-chairman.—Dr. R. Vaughan Facey.
Honorary Secretary and Treasurer.—Dr. A. S. Ogden.

BURTON-UPON-TRENT DIVISION

The following officers were elected at the annual general meeting:

Chairman.—Dr. R. E. M. Paterson.
Vice-chairman.—Dr. R. D. C. Johnstone.
Honorary Secretary.—Dr. G. C. D. Dutton.
Honorary Treasurer.—Dr. A. P. Phillips.

BURY DIVISION

The following officers were elected at the annual general meeting held at Bury General Hospital on June 9

Chairman.—Dr. D. M. Davies.
Vice-chairman.—Dr. J. Guinan.
Secretary.—Dr. E. Smalley.
Treasurer.—Dr. J. S. B. Mackay.

CHELSEA AND FULHAM DIVISION

The following officers were elected at the annual general meeting held at Fulham Town Hall on May 16:

Chairman.—Dr. C. Watney Roe.
Vice-chairman.—Mr. D. H. Sandell.
Joint Honorary Secretaries.—Dr. L. S. Goodhart and Dr. D. J. Thomas.

The annual B.M.A. lecture was held at St. Stephen's Hospital on June 17. Dr. C. Watney Roe was in the chair and 50 members attended. The speaker was Dr. A. A. Mason, who took as his subject "The Uses of Hypnotism in Medicine." The talk was illustrated with photographs and a colour film of an abdominal operation under hypnosis, and was followed by a discussion.

EAST HERTFORDSHIRE DIVISION

At the annual general meeting on May 8 the following officers were elected:

Chairman.—Dr. J. Hotson.
Deputy Chairman.—Dr. J. S. Ross.
Honorary Secretary.—Dr. D. L. Gullick
Honorary Treasurer.—Dr. A. G. Reid.

EAST KENT DIVISION

The annual general meeting was held on May 8. Dr. G. L. Brocklehurst took the chair and 12 members were present:

Chairman.—Dr. M. Curwen.
Vice-chairman.—Dr. G. L. Brocklehurst.
Honorary Secretary.—Dr. M. S. Harvey.
Honorary Treasurer.—Dr. W. G. Sutcliffe.

ENFIELD AND POTTERS BAR DIVISION

The following officers were elected at the annual general meeting on May 30:

Chairman.—Dr. J. S. Firth.
Vice-chairman.—Dr. C. Allan.
Honorary Secretary and Treasurer.—Dr. H. R. Shepherd.

HASTINGS DIVISION

At the annual general meeting held on May 27 the following officers were elected:

Chairman.—Dr. Muriel Rhodes Clooney.
Vice-chairman.—Mr. A. Hollingsworth.
Chairman-elect.—Dr. J. R. Wright.
Honorary Secretary and Treasurer.—Dr. T. K. Bradford.

KINGSTON-ON-THAMES DIVISION

At the annual general meeting the following officers were elected:

Chairman.—Dr. Eileen Stevenson.
Vice-chairman.—Mr. E. N. Callum.
Honorary Secretary and Treasurer.—Mr. J. V. O'Sullivan.

LANCASTER DIVISION

The following officers were elected at the annual general meeting on May 31:

Chairman.—Dr. J. Findlater.
Vice-chairman.—Dr. R. M. Farquhar.
Honorary Secretary.—Dr. J. F. M. Milner.
Honorary Treasurer.—Dr. G. H. Anderson.

LINCOLN DIVISION

The following officers were elected at the annual general meeting on May 29:

Chairman.—Dr. K. O'Toole.
Vice-chairman.—Dr. C. A. Lillicrap.
Honorary Secretary and Treasurer.—Dr. C. E. Friskney.

MALAYA BRANCH

The annual general meeting was held on April 4 at the Student Nurses' Hostel Hall, Penang. Dr. E. S. R. Alfred was in the chair and 17 members attended. The following officers were elected:

President.—Dr. Loh Guan Lye.
President-elect.—Dr. A. W. S. Thevathasen.
Honorary Secretary.—Dr. T. Pathmanathan.

Dr. Alfred, as retiring president, gave a talk on "The Heritage of Medicine."

MARYLEBONE DIVISION

The following officers have been elected:

Chairman.—Dr. E. C. Warner.
Vice-chairman.—Drs. R. Cove-Smith and A. R. French.
Honorary Secretary.—Dr. Elizabeth V. Rohr.
Honorary Treasurer.—Dr. D. C. Norris.

NORTH-EAST SUFFOLK DIVISION

The following officers were elected at the annual meeting on June 1:

Chairman.—Mr. C. M. Craig
Vice-chairman.—Dr. J. D. D. Boswell.
Honorary Secretary and Treasurer.—Dr. M. Carter.

PETERBOROUGH DIVISION

The following officers were elected at the annual general meeting held at Peterborough Memorial Hospital on May 14:

Chairman.—Dr. G. F. Walker.
Vice-chairman.—Dr. R. P. Gillespie.
Honorary Secretary.—Dr. J. N. Harkness.

SALISBURY DIVISION

At the annual general meeting held on May 28 at Porton Down, the following officers were elected:

Chairman.—Dr. F. J. G. Lishman.
Vice-chairman and Honorary Secretary.—Dr. I. E. Jameson.
Honorary Treasurer.—Dr. P. S. Allenby.

SCUNTHORPE DIVISION

The annual general meeting was held on May 7 at the Berkeley Hotel. The following officers were elected:

Chairman.—Dr. J. H. D. Millar.
Vice-chairman.—Dr. Lucy T. Baker.
Honorary Secretary and Treasurer.—Dr. J. R. Baker.

SOUTH-EAST ESSEX DIVISION

At the annual general meeting held on May 28 the following officers were elected:

Chairman.—Dr. J. S. Logan.
Vice-chairman.—Dr. S. Cieman.
Chairman-elect.—Dr. M. T. O'Sullivan.
Joint Honorary Secretaries.—Drs. G. T. Foster-Smith and J. A. Clappen.
Honorary Treasurer.—Dr. G. T. Foster-Smith.

SOUTH-EASTERN COUNTIES DIVISION

The following officers were elected at the annual meeting held at the Buccleuch Arms Hotel, St. Boswells, on May 4:

Chairman.—Dr. P. Henderson.
Vice-chairman.—Dr. H. A. Stewart.
Honorary Secretary and Treasurer.—Dr. E. H. Duff.

SOUTHPORT DIVISION

The annual meeting was held on May 30. The following officers were elected:

President.—Dr. D. MacDonald.
Vice-president.—Dr. R. Caile.
Secretary and Treasurer.—Dr. N. S. Walls.

SOUTH WALES AND MONMOUTHSHIRE BRANCH

At the annual meeting the following officers were appointed:

President.—Dr. C. G. Mackay.
Honorary Secretaries.—Dr. H. J. P. Davies (senior) and Dr. E. T. Griffiths (junior).
Honorary Treasurer.—Professor G. I. Strachan.

SOUTH-WEST ESSEX DIVISION

The following officers were elected at the annual general meeting on May 28:

Chairman.—Dr. S. G. Alavoine.
Vice-chairman.—Dr. Helen Wagstaff.
Secretary and Treasurer.—Mr. A. N. Jones.

SOUTH-WESTERN BRANCH

The following officers were elected at the annual meeting held in Exeter on June 14:

President.—Dr. H. S. Gaussen.
Vice-presidents.—Dr. G. W. Saunders and Dr. R. M. S. McConaghey.
Honorary Secretary and Treasurer.—Dr. F. E. Graham-Bonnalie.

SWINDON DIVISION

The following officers were elected at the annual general meeting held at the Victoria Hospital on May 30:

Chairman.—Dr. J. B. Stewart.
Vice-chairman.—Dr. V. M. Borelli.
Honorary Secretary.—Dr. J. J. Hayward.
Honorary Treasurer.—Mr. R. D. Nicholson.

TROWBRIDGE DIVISION

The following officers were elected at the annual general meeting on May 18:

Chairman.—Dr. P. Holliday.
Vice-chairman.—Dr. J. A. Falk.
Honorary Secretary.—Dr. P. A. H. Rivett.

TUNBRIDGE WELLS DIVISION

The following officers have been elected:

Chairman.—Dr. R. P. Liston.
Vice-chairman.—Dr. J. W. Crawford.
Honorary Secretary.—Dr. J. L. Donnelly.
Honorary Treasurer.—Mr. H. M. Symons.

WORCESTER AND BROMSGROVE DIVISION

The following officers were elected at the annual general meeting on June 2:

Chairman.—Dr. A. A. Vickers.
Vice-chairman.—Dr. Margaret Norton.
Joint Honorary Secretaries.—Drs. M. P. Martin and E. N. Moyes.
Honorary Treasurer.—Dr. J. C. Smyth.